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TITLE OF THESIS/TITRE DE LA THÈSE HYPNOTIC SUSCEPTIBILITY AND INTERPERSONAL TRUST

UNIVERSITY/UNIVERSITÉ University of Alberta

DEGREE FOR WHICH THESIS WAS PRESENTED/ GRADE POUR LEQUEL CETTE THÈSE FUT PRÉSENTÉE M. Ed

YEAR THIS DEGREE CONFERRED/ANNÉE D'OBTENTION DE CE DEGRÉ 1976

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THE UNIVERSITY OF ALBERTA

HYPNOTIC SUSCEPTIBILITY AND INTERPERSONAL TRUST

by

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A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND
RESEARCH IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF EDUCATION

IN

COUNSELING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
EDMONTON, ALBERTA
FALL, 1976

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled "Hypnotic Susceptibility and Interpersonal Trust," submitted by Noreen Ruth Paananen in partial fulfilment of the requirements for the degree of Master of Education in Counseling Psychology.

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TO THE BUTTERFLY

ABSTRACT

Hypnotic susceptibility has been shown to be a stable and reliable trait, but little success has been experienced in finding personality correlates of hypnotizability. Although the significance of interpersonal trust in all aspects of life has been recognized, it is only recently that attempts have been made to study trust. The purpose of this study was to determine if a relationship existed between hypnotic susceptibility and interpersonal trust.

The Stanford Hypnotic Susceptibility Scale, Form A and the Interpersonal Trust Scale were administered to 80 volunteer subjects, comprised of equal numbers of male graduates, female graduates, male undergraduates, and female undergraduates. Correlation coefficients calculated for the total sample and for each group indicated that no relationship existed between the two scales.

Results of analyses of variance of the two scales indicated that there were no significant differences in the mean scores obtained by the four groups on the Stanford Hypnotic Susceptibility Scale, Form A, but graduates obtained significantly higher scores than undergraduates on the Interpersonal Trust Scale. Possible explanations for the significant finding were hypothesized and discussed.

Results obtained in this study were compared to results obtained by past researchers. Conclusions and implications for future research were discussed.

ACKNOWLEDGEMENTS

I would like to express my sincere appreciation to Dr. John G. Paterson for his guidance throughout the course of this study. I would also like to thank Dr. A. VanderWell and Professor A. Hough who served as the other committee members.

Gratitude is expressed to the students of the University of Alberta who volunteered to participate in this study, and also to Sheila Greenhill, Sharon Robertson, Bryan Hiebert, and Edward Franzoni for their assistance in testing.

I am grateful for the support and encouragement given along the way by two friends whose heads and hearts I trust: John Paterson and Gerry Doerksen.

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CHAPTER 1

INTRODUCTION

Introduction to the Study

Hypnotic susceptibility has been shown to be a stable and reliable trait, but little success has been experienced in finding personality correlates of hypnotizability. Although the significance of interpersonal trust in all aspects of life has been recognized, it is only recently that attempts have been made to study trust. The purpose of this study was to determine if a relationship existed between hypnotic susceptibility and interpersonal trust.

The Stanford Hypnotic Susceptibility Scale, Form A and the Interpersonal Trust Scale were administered to 80 volunteer subjects from the University of Alberta. Subjects were comprised of equal numbers of male graduates, female graduates, male undergraduates, and female undergraduates.

Correlation coefficients were calculated for the total sample and for each subsample to determine if a relationship existed between the two scales. Results of both tests were analyzed to determine if differences existed in the mean scores of the four groups.

Hypnosis in Historical Perspective

The following history of hypnosis was summarized from the history outlined by Joseph Reyher (1968).

Hypnosis under various names has been known for as long as we have records. Induction of trances was initially associated with the mythical and occult practices of shamans, medicine men, and witch doctors. Franz Anton Mesmer (1734-1815) was the first person to introduce a method for inducing trance-like conditions in people of the Western culture. He attributed the trance to animal magnetism which he defined as "that property of the organism which makes it susceptible to the influence of heavenly bodies and the reciprocal action of bodies around it, shown by its analogy with the magnet" (Reyher, 1968, p. 3). Mesmer applied a magnet to the afflicted part of a patient's body which was to provide a cure by producing a harmony of the nerves. Mesmer realized that other objects which had been touched by the magnet could produce the same effect, and concluded that the "magnetic material" could be transferred and that people differed in their capacity to absorb it. His pupils and successors were called mesmerists and animal magnetism became known as mesmerism.

Large numbers of people sought treatment and Mesmer began treating his patients in groups. He constructed a large tub (baquet)

in which he placed bottles of iron filings, and iron rods for patients to hang onto or touch with the afflicted parts of their bodies. Mesmer would enter the room and point a finger or rod at one of the patients who would experience a number of sensations and possibly have a convulsive attack. Soon other patients would follow suit, although a few would remain unaffected.

The French government established several commissions to examine animal magnetism and concluded that it did not exist, and that the convulsions might be harmful because of the propagation of the induced effect at public meetings. It was suggested by one of the commissions that the contact stimulated sexual feelings in the patient, and as a result was morally objectionable. The final conclusion was that the effects occurred only in the patients who expected them and were products of their imaginations (suggestion). At this point in history, psychology and psychoanalysis did not exist as scientific disciplines--the emphasis was on the physical and biological sciences--and no reputable scientist would consider the topic worthy of further investigation. Mesmer was discredited and died a pauper.

Years later the Marquis de Puységur (1751-1825), a former student of Mesmer, discovered that the crises of the magnetizations were unnecessary and that patients would become tranquil by merely

suggesting peace and relaxation. He also discovered the sleeping trance (somnambulism) during which the patient could talk and be given suggestions. He erroneously concluded, however, that patients in a trance displayed heightened intelligence and possessed telepathic powers, and therefore credited them with the ability to diagnose their own and others' diseases as well as prescribe treatment. His most significant contribution was the discovery that the magnetic effects were produced in an interpersonal situation and were dependent on the interaction between the magnetist and the patient.

In 1841, James Braid (1795-1860), a physician and surgeon who attended public demonstrations on mesmerism, was impressed by the inability of the magnetized subject to open his eyes. He conducted many informal experiments with his friends and arrived at different conclusions of the magnetic phenomena. He entranced subjects by having them look attentively at a spot about a foot in front of and somewhat above their eyes, and concluded that the fatique of the levator muscles of the eyes produced changes in the nervous, circulatory, respiratory, and muscular systems. He introduced the term "neurohypnosis" (nervous sleep), which was later shortened to hypnosis. In a later theory he attributed the

hypnotic behavior to the effects of mental concentration on one dominant idea (monoideism).

James Esdaile (1808-1859), a Scottish surgeon residing in India, used mesmerism in his surgery. His patients had a 5% mortality rate as compared to 50% for the nonmesmerized patients of other surgeons. Although his success was officially recognized by a committee of investigators, his methods were constantly attacked in medical journals. The introduction of chloroform in India contributed to a decline of interest in mesmerism as a means of anaesthesia.

Hypnosis gained scientific respectability when Charcot, the most distinguished neurologist of the 19th century, developed an interest in it. Many distinguished medical people, including Sigmund Frued, came to observe and study with him. Charcot's claim that hypnosis was a pathological condition, consisting of three stages to be found only in hysterical patients, drew him into conflict with the Nancy School, which held the view that hypnosis was not a pathological condition, and that the phenomenom described was merely due to suggestion.

The Nancy School was not really a school of thought but rather the place where A.A. Liebeault (1823-1904) and his colleagues

practiced medicine. Liebeault was a physician in rural France, who became interested in mesmerism and charged no fees to the peasants who submitted to his treatment. He attracted the attention of Bernheim, a famous physician, when he successfully treated a case of sciatica of six year's duration which had been treated in vain by Bernheim. Bernheim came to observe and later became Liebeault's friend and colleague. After Bernheim's arrival the Nancy School became famous, attracting physicians from numerous countries to study the therapeutic use of hypnosis.

Freud has had a tremendous impact on the fate of hypnosis. He studied hypnosis under Charcot and later went to Nancy to observe and consult with Liebeault and Bernheim in order to improve his technique. Joseph Breuer (1842-1925), Freud's friend and colleague, advised him of a patient (Anna O) who, under hypnosis, would describe painful memories that apparently had caused her illness. After she had ventilated the underlying emotions her symptoms disappeared. Using this "cathartic method" Freud concluded that painful impressions could be repressed and exist in the unconscious, thereby causing pathology. Freud had learned from Bernheim that with persistent effort the operator could restore memory for a posthypnotic amnesia. He later went on to discover that the repressed material could be recovered if the patient was encouraged to speak

out every mental impression while in a reclining position, which led to free association and psychoanalysis. Freud dropped hypnosis because of the prejudice against it, because he felt that hypnosis depended too much on the stability of the interpersonal relationship, and because many patients were not hypnotizable. Hypnosis once again fell into disrepute when Freud rejected it in favor of free association, a method which he invented.

Why Study Hypnotic Susceptibility?

When hypnosis is viewed in a historical perspective, it can be seen that hypnosis as a technique for therapy has been both accepted and rejected many times by professional therapists. The increase in the patients' suggestibility and the removal of repression of certain aspects of personality in the waking state are the chief values of hypnosis in therapy today. The use of hypnosis in medicine is generally limited to the induction of relaxation and anaesthesia.

As Freud discovered, not all patients are hypnotizable. However, it has been found that hypnotic susceptibility is a stable and reliable personality trait.

> It may well be that hypnotic susceptibility is a specialized characteristic that will also fail to tell us much about personality though there are good reasons why it should be promising. Among these are that it (1) is an interpersonal process reflecting features of dominant-submissive behavior, that are of wide interest,

> (2) involves the free play of fantasy in a manner that suggests relevance to personality flexibility, autonomy from the environment, and possible relationship to creativity, and (3) bears importantly on the voluntary-involuntary distinction that is important in relation to initiative, leadership and planfulness. There is no assurance that these relationships will be found, but it is a rich enough field to be worth tilling. (Hilgard, E.R., 1965b, p. 286)

In addition, Josephine Hilgard (1970, p. 7) has suggested that hypnosis, as an interpersonal relationship to and comfort with authority, might well be related to the problems of self-image and relationships with others.

The possible benefits of hypnosis in therapy and medicine, together with the possibility of gaining greater insights into the understanding of personality, combine to make the topic of hypnotic susceptibility one worthy of further investigation.

Importance of Trust

The word "trust" has been an important one in our vocabulary for years. "Whenever philosophers, poets, statesmen or theologians have written about man's relationship to his fellow man, to nature, or to animals, the phenomena of trust and betrayal, faith and suspicion, responsibility and irresponsibility, have been discussed" (Deutsch, 1958, p. 265). Everyone knows about trust and discusses the importance of trust, but few people have studied it.

It is interesting to note that one of the most important factors in the complex social organizations of our present society is the willingness of individuals within the social unit to trust others. The efficiency, the adjustment and even the survival of any social group depends on the presence or absence of trust (Rotter, 1967, p. 651).

The belief that others can be relied upon is an important variable in the development of adequate family relationships, healthy personalities and adequate social relationships. The failure to trust others, particularly those in authority such as parents, teachers, and community leaders, has frequently been cited as an important determinant of delinquency (Rotter, 1967).

Within the growing field of humanistic and non-directive counseling, one basic assumption is that the relationship the counselor establishes with the client is a most significant factor. Such a relationship depends of the presence or absence of trust.

People have talked about trust, recognizing both its existance and its importance, but it is only recently that efforts have been made to investigate how it operates.

Nature of the Study

Julian Rotter (1967) has recently developed a new scale for the measurement of interpersonal trust. In his research with this scale he found the significant relationships with the trust scale were

self-ratings of trust and a negative relationship with dependency.

Although few consistent relationships have been found between hypnotic susceptibility and personality variables, it has been suggested (Hilgard, J.R., 1970) that distrust of other people was likely to be a poor sign for hypnotizability, and that adequate gratification of dependency needs was associated with high hypnotizability.

The purpose of this study was to determine if a relationship existed between the Stanford Hypnotic Susceptibility Scale, Form A and the Interpersonal Trust Scale. The findings of a relationship between the trust scale and the hypnotic susceptibility scale would allow the trust scale, which is a relatively short paper-and-pencil test, to be used to indicate to therapists which patients would be more likely to be susceptible to hypnosis and therefore suitable candidates for hypnotherapy. In addition, it would indicate that trust is an important element in the relationship, and also indicate the necessity for the therapist to develop a trust relationship.

Design of the Study

The present study examined the relationship between trust and hypnotic susceptibility for male graduate, female graduate, male undergraduate, and female undergraduate university students. Scales measuring trust and hypnotic susceptibility were administered

to each subject on an individual basis and the results were correlated for each group. Results of both tests were analyzed to determine if differences existed between the mean scores obtained by the four groups.

Overview of the Study

In Chapter I the two variables of this study were introduced, and the importance of the study was established. Chapter II provides a review of related literature including an overview of research to understand differences in hypnotic responsiveness, an overview of major areas of research in trust, an outline of the development of hypnotic scales, and a review of the major methods of measuring trust. Lastly, the major research relating trust to hypnotic susceptibility was reviewed. The design and procedure of the study are described in Chapter III. Chapter IV contains an analysis of the data obtained, and Chapter V is a discussion of the results, conclusions drawn, and implications for future research.

CHAPTER II

RELATED LITERATURE

Overview--The Hypnotizable Person

> When Alice in Lewis Caroll's Through the Looking Glass complains that Humpty Dumpty is misusing a word, Humpty Dumpty rather scornfully replies, "When I use a word, it means just what I choose it to mean - neither more nor less." He later elaborates, "When I make a word do a lot of work like that - I always pay it extra." One wonders what meaning Humpty Dumpty would assign to hypnotizability, and whether after reviewing the literature, he might pay it extra. (Deckert & West, 1963, p. 205)

The problem of determining correlates of hypnotizability began in the 1880's with the conflict between Charcot and the Nancy School, when Charcot proposed that hypnosis was a pathological condition associated with hysteria, and the Nancy School claimed it was a normal phenomenon (Reyher, 1968; Shor, Orne & O'Connell, 1966).

The development of standardized scales to measure hypnotic susceptibility, beginning in the 1930's provided the psychometric tools for empirical studies to find correlates of hypnotizability (Shor, Orne & O'Connell, 1966). Several investigators (e.g. Hilgard, E.R., 1965b, 1967; Hilgard, J.R., 1970; Melei & Hilgard, 1964; Sarbin & Coe, 1972; Spanos & McPeake, 1975; Tart, 1970;

White, 1941) have proposed that hypnotic susceptibility has at least two components--an attitudinal-motivational component, and an ability or skill component--in order to explain why a good hypnotic subject can choose not to be hypnotized, and a poor subject has difficulty experiencing hypnosis despite high motivation. However, the search to find personality or situational correlates of hypnotizability primarily has a history of disappointments.

Detailed reviews of the literature (Barber, 1964; Deckert & West, 1963; Hilgard, E.R., 1965a, 1975; Weitzenhoffer, 1953) are available; therefore, this overview is not intended to be exhaustive, but rather to outline the major areas of research.

Age

Probably children are more hypnotizable than adults, but the trends are unclear (Deckert & West, 1963; Hilgard, E.R., 1965a, 1967). The major differences lie in children's higher scores in amnesia and hallucination items, and in their resistence to keeping their eyes closed (Hilgard, E.R., 1965b, 1967).

Sex

Several early investigators agreed that females are more susceptible than males (Weitzenhoffer, 1953). The results of the later studies tended to deny these differences. The recent literature has supported the conclusion that men and women are equally

susceptible (Deckert & West, 1963; Hilgard, E.R., 1965b, 1967). The current findings hold up regardless of the sex of the hypnotist (Hilgard, E.R., 1965a).

Intelligence

Some evidence (Weitzenhoffer, 1953) was provided that hypnotizability correlated with intelligence. E.R. Hilgard (1967) was unable to find any relationship between hypnotizability and college entrance scores.

The question of hypnotizability of mentally deficient subjects is still unclear, but it would appear that the minimum intellectual level required for hypnosis corresponds to the verbal abilities of an elementary school child (Hilgard, E.R., 1965b, 1967).

Diagnostic Categories

Early investigators claimed hysterics were far more hypnotizable than normals (Barber, 1964). This assertion has been difficult to assess because of the probable changes over time in the definition and diagnosis of hysteria, but recent evidence supported the conclusion that there is no relationship between hysteria and hypnotizability (Barber, 1964).

Evidence has been found to support both the conclusion that neuroticism is positively related to hypnotizability, and that neuroticism is negatively related to hypnotizability (Barber, 1964;

Deckert & West, 1963; Hilgard, E.R., 1965b). The bulk of the evidence has supported the conclusion that no relationship exists (Barber, 1964; Deckert & West, 1963; Hilgard, E.R., 1965b).

No clearly demonstrated differences have been found in mean susceptibility scores of normals, neurotics, and psychotics, provided the psychotics are in sufficient contact for hypnosis to be attempted (Hilgard, E.R., 1965b, 1967).

Personality Inventories

Correlations of hypnotizability with personality traits, regardless of which personality inventory has been used, awaits further consistent confirmation (Deckert & West, 1963). Positive correlations found by any one investigator have almost immediately been denied by the next investigator who attempted to replicate them (Barber, 1964; Deckert & West, 1963; Hilgard, E.R., 1965a, 1967). One factor that has held up consistently for both males and females is the Sum-True score (number of agreeing responses) of the Minnesota Multiphasic Personality Inventory, suggesting an acquiescent tendency related to hypnotizability (Hilgard, E.R., 1965b).

Current research which appears promising are the attempts to relate hypnosis to imagery, imaginative involvements (absorption scale of Tellegen & Atkinson, 1974) and creativity (Hilgard, E.R., 1975).

Many plausible relationships between personality characteristics and hypnotizability have not been empirically confirmed (Hilgard, E.R., 1975). Positive correlations are frequently found, especially when a number of tests are used, but sometimes the signs are reversed from one study to another (Hilgard, E.R., 1975).

Inventories of Hypnotic-Like Experiences

Laboratories at Harvard, Illinois, Stanford, and Sydney have almost simultaneously developed questionnaires relating past experiences with current behavior in experimental hypnotic situations (Deckert & West, 1963). These inventories have yielded fairly consistent, moderate correlations with hypnotizability (Deckert & West, 1963; Hilgard, E.R., 1965a, 1967); however, Barber (1964) was unable to find consistent correlations using inventories of hypnotic-like experiences. One of the technical defects of these inventories is the number of items keyed in the "yes" direction (Hilgard, E.R., 1965b, 1967).

Response to Conditioning

Das (1965) has found some evidence implying a relationship between hypnotizability and conditionability. He proposed that to be hypnotizable, the subject must be capable of being conditioned to verbal stimuli, and that individual differences may be largely due to differences in conditionability (Das, 1969). Edmonston (1967)

pointed out that most hypnotists make use of verbal conditioning regardless of whether they are aware of it. More work is required in this area before conclusions can be drawn.

Physiological Correlates

The search to find physiological correlates of hypnotizability has not been successful, but work in this area has continued (Hilgard, E.R., 1965a, 1975). E.R. Hilgard (1975) has suggested that, because the hypnotized person can range from being hyperalert to being in a state of deep stupor, no specific physiological correlates are likely to be found.

Some research has been done (Hilgard, E.R., 1975) relating laterality of function of the brain to hypnotic susceptibility, by studying subjects' eye movements to the left or the right when asked to solve mental problems. Results support the interpretation that hypnosis is a right-hemisphere function for those who are strongly right-handed and a left-hemisphere function for those who are strongly left-handed.

Developmental Background and Interview Data

Data from clinical interviews (Hilgard, E.R., 1965a, 1965b, 1967; Hilgard, J.R., 1970) has provided evidence that there is no typical personality that can be correlated with hypnotic suggestibility. It has therefore been suggested that there are alternative paths into

hypnosis and, because subjects come into hypnosis with widely divergent backgrounds, their personality traits cancel each other out on standard personality inventories. E.R. Hilgard (1965b) and J.R. Hilgard (1970) have proposed a developmental-interactive approach to hypnotic susceptibility that emphasizes both the history of the individual which must include some deep involvement, and the influence of the contempory features of the hypnotic transaction.

Situational Variables

Barber and his associates have conducted a series of studies on the effects of varying instructions to the subject, and have concluded that some types of instructions without hypnotic induction yield essentially the same results as standard inductions (Barber, 1964; Hilgard, E.R., 1975). These studies have been criticized on the grounds that Barber's instructions facilitated responsiveness to suggestion primarily through demand compliance, and placed more pressure on subjects to conform than did hypnotic induction (Diamond, 1974; Hilgard, E.R., 1975). More work in this area is required before conclusions can be drawn (Hilgard, E.R., 1975).

Modification of Hypnotizability

Many clinically oriented investigators have suggested that hypnotic susceptibility can be enhanced by proper training procedures (e.g. Erickson, 1952; Weitzenhoffer, 1957); however, many

experimental investigators characterize hypnotic susceptibility as a relatively stable and reliable personality trait that is not likely to change (e.g. Hilgard, E.R., 1965a, 1975). Diamond (1974) reviewed the literature on modification of hypnotizability and found that evidence is accumulating to show that information designed to reduce misconceptions and negative attitudes toward hypnosis, and information instructing the subject what to do internally in order to maximize hypnotic experiences, both facilitate responsiveness to hypnosis and changes tend to persist over time. In summarizing his review, Diamond concluded that direct instructions plus operant conditioning procedures were the most effective means of modifying hypnotizability.

In summary, the present writer would echo the statements of Deckert and West (1963).

> In spite of the massive amount of data and the diligent effort of many workers, we would seem to be in the midst of ambiguity, confusion, and contradiction. Concluding statements are difficult to make and at best are tentative (p. 215).

Perhaps the following statements may be justified on the basis of the available evidence:

Children are probably more susceptible to hypnosis than adults. There may be subtle sex differences in responsiveness to hypnosis, but evidence supports the conclusion that males and females are

equally susceptible. No consistent differences are found in susceptibility scores of normals, neurotics and psychotics. The minimum intellectual level required for hypnosis corresponds to the verbal abilities of an elementary school child. The relationship of personality correlates, physiological correlates, situational variables, and conditionability to hypnosis awaits further consistent confirmation from other researchers. Inventories of hypnotic-like experiences may correlate with hypnotizability. There may be alternative pathways into hypnosis. Susceptibility to hypnosis may be enhanced by direct instructions and operant conditioning procedures.

Overview--Major Research of Trust

> An integral part of each person's experience involves dependency on others for fulfillment of basic biological and social psychological needs. The fact that the responses of those others are unpredictable indicates the need to understand interpersonal trust. (Ellison & Firestone, 1974, p. 655)

Morton Deutsch (1958), in introducing his research in trust, stated: "So far as we know, the research summarized in this paper represents the first attempt to investigate the phenomena of trust" (p. 265). Although the significance of this variable is recognized, little work has been done in the area of trust.

Deutsch (1958) initiated the use of two-person non-zero-sum games to study trust. The essential feature of the game is that

there is no possibility for the individual to act rationally in the game unless the conditions for mutual trust exist. He conducted experiments to determine if the game would elecit the phenomena of trust and suspicion, and to study conditions which might affect the individual's willingness to trust or not. Deutsch concluded that it is possible to study the phenomena of trust in the laboratory. Results of these experiments indicated a strong relationship between trust and trustworthiness. The use of communication increased the level of cooperation among players, which Deutsch attributed to the establishment of trust.

In a review of the literature on experimental games involving trust, Vinacke (1969) has outlined the task, situational, and personality variables involved in the studies. Few relationships between personality variables and trusting behavior have been found. Among the exceptions are the studies of Deutsch (1960) and Wrightsman (1966). Both studies found relationships between trust and trustworthiness. Deutsch (1960) found a relationship between game behavior and scores on a test scale measuring authoritarianism. Subjects with low scores tended to be trusting and trustworthy in their game choices. Wrightsman (1966) found subjects who made trusting choices to have a profile of altruism, trustworthiness, and an independent view of human nature.

Loomis (1959) found that subjects who perceived trust would act trustworthily, and subjects who did not perceive trust were defensive. In addition, he found communication at any level produced a high degree of perceived trust in both senders and receivers of the communications.

Although a number of experiments (e. g. Deutsch, 1958; Loomis, 1959) have found that communication appears to increase cooperation, Vinacke (1969) cautioned that communication can be used for various purposes (e. g. to convey instructions, to deceive subject), and that the effects of instructions, strategy and personality variables need to be weighed carefully before the full effects of communication can be assessed (p. 303).

Mellinger (1956) conducted a study in a large government organization to explore the proposition that an individual is likely to distort his own attitudes in communicating them to people he distrusts. His findings suggested that simply communicating about an issue may be sufficient to increase accuracy in perceiving existing agreement, but not sufficient to increase accuracy in perceiving existing disagreement. Communication was associated with high accuracy only when the communicator trusted the recipient of the message. Two additional factors were noted which may have influenced the extent to which distrust imposed a barrier to accurate

communication; the relative status of the two persons, and the nature of the issue.

Giffin (1967) reviewed the studies of source credibility to determine their contribution to a theory of interpersonal trust in the communication process. His major findings were that interpersonal trust in communication was based on the listener's perceptions of a speaker's expertness, reliability, intentions, activeness, personal attractiveness, and the majority opinion of the listener's associates. Giffin cited supporting evidence for the relationship between each of these factors and interpersonal trust in communication. However, he cautioned that sufficiently convincing evidence was not yet available, and each relationship should be regarded as hypothetical rather than certain (p. 107).

Gibb (1964), in his work on creating a climate for trust formation in T-groups, indicated that trust is a necessary condition to enable the free-flow of feelings and perceptions, the formation of goals, and the organization of control or implementation of influence mechanisms in group development. He later proposed that trust and trustworthiness were related in a self-fulfilling manner (Gibb & Gibb, 1971). He proposed that if one person changed his trust, the other person would change his behavior to fulfill the trust expectancy.

A field study of nine groups from three organizations was conducted by Kegan and Rubenstein (1973) to study the relationship between trust, effectiveness and organizational development. They found that trust of the focal groups tended to be associated with self-actualization, and that an organizational development program focused on occupational roles was able to increase trust of the focal group and self-actualization. They also suggested than an organizational development program that focused on intergroup relations could increase trust of the focal groups. In relating trust to effectiveness, they found mixed results, and concluded that it was possible that the organizations used in the study had conflicts between the norms of self-reliance and obedience. In conclusion, they suggested that future research on organizational trust should concentrate on determining the conditions under which the relationship between trust and effectiveness holds.

Variations of the Jourard Self-Disclosure Questionnaire (Jourard & Lasakow, 1958) have been used by researchers to study the relationship between trust and self-disclosure. Examples of recent research in this area include the studies of Ellison and Firestone (1974), Johnson and Noonan (1973) and Williams (1974).

Ellison and Firestone (1974) investigated development of interpersonal trust toward a potential disclosure target. Results

of the study suggested that the development of interpersonal trust was facilitated by an interpersonal style that was passive rather than assertive and interruptive, interpretively indirect and reflective, and that lets the other person set the direction and pace of the interaction (p. 660). However, there was an interaction effect between the style of the interviewer and the self-esteem of the subjects which indicated that a reflective style may be comparatively more effective in developing trust in low-self-esteem subjects. In relating self-disclosure to locus of control, Ellison and Firestone found that subjects high in internal locus of control were more willing to disclose than those who were not.

The majority of the research on trust has dealt with situation differences rather than with individual differences (Rotter, 1971). Rotter (1967) has recently constructed a scale designed to measure individual differences on the trust variable. He proposed that individual differences are largely a result of earlier condition differences and are significant for investigations of behavior (Rotter, 1971). The major research using Rotter's Interpersonal Trust Scale has been outlined later in this chapter.

In summary, the major research on trust has indicated that trust is significantly related to trustworthiness in game behavior. Communication may be a significant factor in increasing trusting

behavior; however, some evidence has indicated that a person will distort his attitudes when communicating with persons he distrusts. Trust is considered to be an important factor in group development, and in willingness of persons to disclose information about themselves. Research is currently underway to determine individual differences in the development of trust.

Instruments

Hypnotic Susceptibility Scales

For scientific purposes it is not sufficient merely to state "the subject was hypnotized." In order to develop a standard set of meanings for hypnosis, it was necessary for scientists and practitioners to standardize their procedures and their criteria for hypnosis (Sarbin & Coe, 1972, p. 173). Early investigators were likely to define hypnosis in terms of discrete categories but, over the years, hypnotic responsiveness has come to be defined as the degree of response along a continuous scale (Sarbin & Coe, 1972, p. 174).

Early scales

Nineteenth century hypnotists all gave a good deal of importance to spontaneous amnesia as a criterion of deep hypnosis, with other stages described according to classes of events rather than specific tests (Hilgard, E.R., 1965b, p. 74). Braid defined true hypnosis

according to complete amnesia for all events occurring while in the trance (Hilgard, E.R., 1965b). Charcot and Gilles de la Tourette defined three kinds of hypnotic stages; catalepsy (waxy flexibility of the limbs), lethargy (subject passive and unresponsive), and somnambulism (subject highly responsive to verbal suggestion and having no will of his own) (Hilgard, E.R., 1965b; Sarbin & Coe, 1972). At about the same time, Liébeault developed a 6 point scale and Bernheim a 9 point scale, both emphasizing spontaneous amnesia as characteristic of deeper trances. With the appearance of these scales it became meaningful to speak of the distribution of susceptibility according to the depth of hypnosis (Hilgard, E.R., 1965b; Sarbin & Coe, 1972). Some weaknesses of the 19th century scales were that induction procedures were not standardized, and a certain amount of folklore was always present (e.g. suggestion could mean verbal commands to one hypnotist and nonverbal suggestions through manipulation to another) (Hilgard, E.R., 1965b).

Early quantitative scales

In 1930, M.M. White published a scale that made use of responses to specific suggestions as a means of scoring (Hilgard, E.R., 1965b). Davis and Husband (1931) developed a 5 point scale where each point was assigned to a group of hypnotic items (class of suggestion) rather than to specific items. Neither standardization

techniques of induction nor adequate specifications for standards of scoring were given (Sarbin & Coe, 1972). Barry, MacKinnon and Murray (1931) proposed a scale, comprised of five suggestions of inhibition of response plus posthypnotic amnesia, which was scored according to the number of responses carried out (Hilgard, E.R., 1965b; Sarbin & Coe, 1972). Hull (1933) frequently used the speed of eye closure as a measure of hypnotic susceptibility. In 1938 Friedlander and Sarbin combined Hull's emphasis on eye closure, the negative suggestion tests and amnesia item from Barry, MacKinnon and Murray, and the posthypnotic hallucination item from the Davis-Husband scale. In addition, a standardized induction procedure to be administered verbatim, and standardized scoring criteria were prepared (Sarbin & Coe, 1972). A scale similar to the Friedlander-Sarbin scale was developed by Eysenck and Furneaux in 1945, and variations of the Davis-Husband type of scale were developed by LeCron and Bordeaux in 1947 and by Watkins in 1949 (Hilgard, E.R., 1965b). Some major weaknesses of the early quantitative scales were the skewed distributions resulting from their use, lack of alternate forms, and somewhat inadequate norms (Hilgard, E.R., 1965b).

Current hypnotic scales

A number of hypnotic susceptibility scales have been developed

under the direction of Ernest R. Hilgard at the Stanford Laboratory of Hypnosis Research. Each scale has somewhat different characteristics and was developed for specific purposes (Sarbin & Coe, 1972, p. 181).

Weitzenhoffer and Hilgard undertook a major revision and expansion of the Friedlander-Sarbin type scales. The Stanford Hypnotic Susceptibility Scales, Forms A and B (Weitzenhoffer & Hilgard, 1959), the first to be published, are comprised of similar inductions and many of the same items as the Friedlander-Sarbin scales, with the addition of a few easier items and a simplified scoring basis. Easier and more difficult items are interspersed throughout the scale. The two scales are essentially equivalent, permitting before-and-after type studies (Hilgard, E.R., 1965b).

The Stanford Hypnotic Susceptibility Scale, Form C (Weitzenhoffer & Hilgard, 1962) contains a similar induction procedure to Forms A and B, which is optional and not scored. The twelve additional items are arranged in ascending order of difficulty so that shortened forms of administration are possible. Form C contains more items of the cognitive type (hallucinations, dreams, age regression) than Forms A and B (Hilgard, E.R., 1965b). It was designed to follow Form A in selecting subjects for more advanced study (Sarbin & Coe, 1972).

The Stanford Profile Scales of Hypnotic Susceptibility, Forms I and II (Weitzenhoffer & Hilgard, 1963) are advanced scales of above average difficulty for unselected subjects. Forms I and II are equal difficulty scales with a wide variety of content and are designed to lead to a profile of hypnotic abilities in order to examine individual differences in hypnotic responsiveness in more detail (Hilgard, E.R., 1965b; Sarbin & Coe, 1972).

The Harvard Group Scale of Hypnotic Susceptibility (Shor & Orne, 1962) was derived from the Stanford Hypnotic Susceptibility Scale, Form A with some of the items modified for group administration. The major difference is that following administration, subjects are instructed to score their own responses in terms of how they would expect an outside observer to have rated each response.

London (1962) designed the Children's Hypnotic Scale with two age categories; ages 5-0 to 12-11 and ages 13-0 to 16-11. The test is comprised of two parts: Part I is comparable to the Stanford Hypnotic Susceptibility Scale, Form A with adaptations for ease of use with children; Part II contains items found in Form C of the Stanford Hypnotic Susceptibility Scale or in Forms I and II of the Stanford Profile Scales of Hypnotic Susceptibility (Hilgard, E.R., 1965b). This scale makes use of the hypnotist's qualitative observations as well as the quantitative scores in the scoring

procedures (Sarbin & Coe, 1972).

The Barber Suggestibility Scale (Barber, 1969; Barber & Glass, 1962) is a scale of eight suggestions intended to test hypnotic-like behavior without prior induction of hypnosis. In addition, it can also be used following inductions. The scale can be administered with experimental manipulations of antecedent variables (e.g. motivation instructions, relaxation suggestions) (Barber, 1969). Methods of scoring using both objective and subjective criteria are presented (Barber, 1969).

A diagnostic scale has been published by Orne and O'Connell (1967) that is scored using both the hypnotist's qualitative impressions and the subject's observed responses. Freedom of item content is allowed as is hypnotic techniques best suited to the subject. Rating is similar to the Davis-Husband scales, where a plus or minus is assigned to each of five categories. A score at one level indicates the subject will probably be able to perform at all of the higher levels (Sarbin & Coe, 1972).

An Eye-Roll Test for Hypnotizability has been proposed by Spiegel (1972) as a quick, clinical way to ascertain hypnotizability in about five seconds. In comparing the Eye-Roll Test for Hypnotizability with the Stanford Hypnotic Susceptibility Scale, Form A, Switras (1974) found the two scales to be uncorrelated.

He concluded that the low correlation suggests that the Eye-Roll Test for Hypnotizability is not measuring the same construct as the Stanford Hypnotic Susceptibility Scale, Form A and, therefore, the Eye-Roll Test seems to lack congruent and convergent validity (Switras, 1974, p. 55).

The Barber Suggestibility Scale and the Stanford Hypnotic Susceptibility Scale, Form A were administered to 80 high school students, half with imagination instructions and half with hypnotic induction instructions, in order to assess their predictive ability on the Stanford Profile Scale of Hypnotic Susceptibility, Form I (Ruch, Morgan & Hilgard, 1973). Correlations with the Profile Scale following induction were higher on both scales than in the imagination instructions condition. Although both tests yielded similar results, the subjective correction makes a greater difference for the Barber Suggestibility Scale than for the Stanford scale, and the authors recommended the use of the subjective correction especially when the Barber scale is used.

The adaptation of the Stanford Hypnotic Susceptibility Scale, Form A for group testing in the Harvard Group Scale of Hypnotic Susceptibility, together with the use of many of its items in the Children's Scale of Hypnotic Suggestibility, make it a convenient anchorage point by which to describe experimental samples

(Hilgard, E.R., 1965b, p. 228). The use of the Stanford Hypnotic Susceptibility Scale, Form A as a measure with which to correlate later tests of hypnotic susceptibility (Ruch, Morgan & Hilgard, 1973; Switras, 1974; Weitzenhoffer & Hilgard, 1962, 1967) provides some confidence as to its validity, just as, after a time, the Stanford-Binet has been used to test the validity of other intelligence tests (Hilgard, E.R., 1965b).

Overview--Methods Used to Measure Trust

Although the significance of the trust variable has been recognized, most existing personality inventories do not provide a ready measure of trust, and there are few trust scales available (Roberts and Tellegen, 1973).

Deutsch (1958) initiated the practice of utilizing a two-person non-zero-sum game (a variation of the prisoner's dilemma game) as a design for researching the trust variable. Other investigators (reviewed by Giffin, 1967) have studied source credibility in researching interpersonal trust in the communication process. Most of the research using these designs have dealt with condition differences and experimental manipulations rather than with individual differences (Rotter, 1971).

Rosenberg (1956) constructed a Faith-in-People Scale to investigate the relationship between peoples' attitudes toward

human nature and their political ideology. The scale was a Guttman scale which consisted of five items testing respondents' global attitude toward human nature.

The Jourard Self-Disclosure Questionnaire, developed by Jourard and Lasakow (1958), was comprised of 60 items classified in groups of ten questions within each of six categories of information about the self. The subject is asked the extent he has disclosed information about himself to a variety of target persons (e. g. father, mother). Degree of self-disclosure has been used by a number of researchers as a measure of trust.

In 1969, Ernhart and Loevinger constructed a measure of trust which has not been explored very extensively (Roberts and Tellegen, 1973).

Ås, O'Hara and Munger (1962) constructed a 60 item scale of subjective experiences presumably related to hypnotizability, which contained seven items relating to basic trust and interpersonal relations. This scale was modified by Lee-Teng (1965) and, in the modification, the category relating to trust was dropped.

Barber (1960) and Roberts and Tellegen (1973) have constructed scales to use in their research on hypnotic susceptibility. Barber's scale was developed to measure "basic trust" as defined by Erik Erikson; Roberts and Tellegen designed a 38-adjective Trust Rating

Scale for females.

Rotter (1967) developed an Interpersonal Trust Scale to measure the generalized expectancy that the statements of others could be relied upon. In his research, he found scores on the Interpersonal Trust Scale correlated significantly with self-ratings of trust. Both the scale and the self-ratings of trust correlated with sociometric trustworthiness. A negative relationship was found between the scale and dependency, and no relationship was found between the scale and gullibility.

Research Using the Interpersonal Trust Scale

Hamsher, Geller and Rotter (1968) found that subjects with consistent attitudes of disbelief in the Warren Commission Report had significantly lower scores on the Interpersonal Trust Scale.

Gilbert (1967) studied subjects willingness to disclose personal and uncomplimentary information about themselves and found such willingness significantly related to Interpersonal Trust Scale scores. However, MacDonald, Kessel and Fuller (1970) found no relationship between willingness for self-disclosure using the Jourard scale and Interpersonal Trust Scale scores. In addition, they found no relationship between the Interpersonal Trust Scale scores and a modified prisoner's dilemma game. In studies of encounter groups, Aronson (1970) and Stein (1970) found the Interpersonal Trust Scale

did not relate to judges' ratings of subjects' openness in the situation. The Interpersonal Trust Scale is measuring the expectancy that the communications of others can be believed rather than a willingness or desire to disclose personal information about oneself (Rotter, 1971).

Other research indicated the Interpersonal Trust Scale scores were significantly related to locus of control, and unrelated to college entrance scores (Rotter, 1971). Youngest children were found to be less trusting than only, oldest, or middle children (Geller, 1966; Rotter, 1967). Scores on the Interpersonal Trust Scale were related to subjects' perceptions of their parents' behavior during childhood (Into, 1969), and some relationships were found between students' and their parents' scores on the Interpersonal Trust Scale (Katz & Rotter, 1968).

Changes in Trust of College Students

In a longitudinal study over the period from 1964 to 1969, Hochreich and Rotter (1970) found a significant decrease in Interpersonal Trust Scale scores among freshmen college students. In analyzing the results of the study, they found a gradual and consistent drop in trust over the period. The larger drop appeared to be present in national politics, ability to keep pace with the world, and trustworthiness of the communication media.

Kaplan (1973) subjected the responses of 97 college students on the Interpersonal Trust Scale to a factor analysis. He found the scale measured three major components: (1) trust toward institutions, (2) perceived sincerity of others, and (3) need to be cautious of others. He suggested that the data from Hochreich and Rotter showed that students had become less trusting of institutions, but had not changed significantly on the other measures.

In a study of specially admitted disadvantaged students, Leon (1974) administered the Interpersonal Trust Scale at the beginning of the first semester and at the end of the second semester of college to a group of special entrance students and to a control group. There were no significant differences in the mean scores of the two groups on either administration of the test, nor were there significant differences in the overall change of scores between the two administrations. However, he did find significant differences in Interpersonal Trust Scale score changes when related to grade point averages. The disadvantaged group showed a weak, but significant, relationship in the direction of lower trust scores associated with higher grade point averages. The control students with higher grade point averages tended to show higher trust when the academic year ended.

Major Research Relating Trust to Hypnotic Susceptibility

Because little work has been done generally in the area of trust, the relationship of trust to hypnotic susceptibility has only been peripherally explored (Roberts & Tellegen, 1973).

According to the motivational theory of R. W. White (1941), people who trust the hypnotist are more likely to become hypnotized than those who do not. This theory appears reasonable in view of the nature of the hypnotic relationship, where the hypnotist initiates what happens and the subject responds. Weitzenhoffer (1957) has described the hypnotic relationship as a "rather special and intimate inter-relationship between subject and hypnotist" (p. 427). Gill and Brenman (1959) considered hypnotism as a transference relationship and referred to the subject's willingness to give up the feeling of one's own will power. Hypnosis requests a willingness on the part of the subject to be receptive to suggestions, to be a participant rather than an observer, and to accept the possibility of being influenced by whatever may come without having to have full knowledge and control beforehand (Ås, O'Hara & Munger, 1962). Because the subject is asked to suspend reality-testing for a time and follow the suggestions of the hypnotist, it is reasonable to hypothesize that his motivation to concur is influenced by his trust in the hypnotist.

On the other hand, Erickson (Beahrs, 1971), who has primarily used indirect techniques in hypnosis, has proposed that the goal of hypnosis in therapy is to develop a warm, trusting relationship. Once this relationship has developed with the therapist, it can then be generalized to other relationships, and the patient has made progress. From this viewpoint, trust in the hypnotist is the goal of hypnosis rather than a necessary condition.

One would expect trust in the hypnotist to partially be determined by the prestige ascribed to the hypnotist. Studies to determine the relationship of the prestige of the hypnotist to hypnotic susceptibility conflict. For example, Small and Kramer (1969) found significant differences in subjects tested by high- or low-prestige hypnotists; Vacchiano and Strauss (1973) found significant differences for high dogmatic subjects but not for low dogmatic subjects; and Matheus (1973) found prestige did not affect hypnotic responsiveness.

Barber (1960) constructed a scale to measure "basic trust toward oneself and others" and, on a pilot study of 20 subjects found that somnambulistic subjects showed a higher degree of basic trust than resistent subjects. However, in a later study using a larger sample (Barber & Glass, 1962), nonsignificant correlations were found between the basic trust items and scores on the Barber Suggestibility Scale.

Tart (1970) studied the effects on hypnotizability of subjects' participation in a nine month program for enhancing personal growth. He concluded that the significant increases found in hypnotizability after nine months in a situation of interpersonal trust, indicated that the capacity to develop altered states of consciousness was a normal capacity which was generally inhibited in the Western culture.

Shapiro and Diamond (1972) conducted a further study on the effects of encounter group experience, and found similar increases in hypnotizability following the experience. They disagreed with Tart's conclusions, and instead attributed the results to increased interpersonal trust.

After intensive interviewing of hypnotic subjects, Josephine Hilgard (1970) suggested that distrust of other people was likely to be a poor sign for hypnotizability and that adequate gratification of dependency needs was associated with high hypnotizability. However, her major hypothesis was that the highly hypnotizable person came to the experiment with a rich background experience of deep involvement in at least one of the imaginative-feeling areas such as reading, acting, or listening to music, which interacted with the current situation to facilitate hypnotizability. Earlier attempts at the Stanford laboratories to relate trust in interpersonal situations to hypnotizability were not successful (Hilgard, E.R., 1965b).

Roberts and Tellegen (1973) constructed a 38-adjective Trust Rating Scale for females which could be used for both self-ratings and peer ratings of trust. He tested the hypothesis that hypnotic susceptibility in females was related to traits associated with trust by examining the relationship between ratings on this scale and scores on a modified version of the Harvard Group Scale of Hypnotic Susceptibility, Form A on a sample of four subgroups totalling 102 subjects. They found significant correlations between self-ratings of trust and hypnotic susceptibility, but no relationship between group ratings of trust and hypnotic susceptibility. They concluded that those who saw themselves as trusting were more susceptible to hypnosis than those who did not see themselves as trusting, but the way in which subjects were viewed by their peers was not related to susceptibility (p. 294). They indicated that further research was needed to determine exactly what was being measured by the Trust Rating Scale.

In summary, the nature of the hypnotic relationship is such that one would expect people who trust the hypnotist to be more likely to become hypnotized than those who do not. Erickson's view differs in that he has proposed that the hypnotic situation should provide a trusting relationship for the patient. Results of studies to determine the relationship of the prestige of the hypnotist

to hypnotizability conflict. Encounter group experiences have resulted in increased hypnotic susceptibility scores which may be a result of increased interpersonal trust. Barber and Glass (1962) and the Stanford laboratories (Hilgard, E.R., 1965b) were unsuccessful in relating trust to hypnotic susceptibility. Barber (1960) and Roberts and Tellegen (1973) found significant relationships between trust and hypnotizability. Like other personality correlates of hypnotizability, the relationship of interpersonal trust to hypnotic susceptibility awaits further consistent confirmation from future researchers.

CHAPTER III

DESIGN AND PROCEDURES

The Sample

Subjects were obtained by approaching Educational Psychology classes in the Faculty of Education at the University of Alberta, Edmonton, Alberta, to ask for volunteers to serve as subjects in research involving hypnosis. The 80 subjects consisted to 20 male graduates, 20 female graduates, 20 male undergraduates, and 20 female undergraduates.

The writer then contacted each volunteer by telephone, and appointments were made to administer the Stanford Hypnotic Susceptibility Scale, Form A and the Interpersonal Trust Scale on an individual basis.

The Instruments

The Stanford Hypnotic Susceptibility Scale, Form A

The psychometric development and refinement of hypnotic research scales has been largely due to the contributions from the Stanford Laboratory of Hypnosis Research (Sarbin & Coe, 1972, p. 180 - 181). Among the advantages of using Form A of the Stanford Hypnotic Susceptibility Scale are the ease of administration, the lack of a need for special equipment, and the nonthreatening

nature of the scale for both subject and hypnotist (Hilgard, E.R., 1965b). It is an all purpose scale that can safely be placed in the hands of beginners, while at the same time it is one that proves useful to more advanced workers (Hilgard, E.R., 1965b, p. 213).

The Stanford Hypnotic Susceptibility Scale, Form A consists of one waking suggestion, eye closure with induction, and ten additional items asking the subject to respond to suggestions. Items are scored on a pass-fail basis, with passing in this case meaning responding in the manner of a hypnotized person. Each pass is scored as one point thereby providing a scale ranging from 0 to 12.

The scales have shown satisfactory reliability. Test-retest reliabilities using alternate forms (Forms A and B) of the Stanford Hypnotic Susceptibility Scale and different hypnotists the second time on the original standardization sample of 124 subjects was $\underline{r} = .83$ (Weitzenhoffer & Hilgard, 1959, p. 54). Another sample of 96 cases yielded a retest reliability of $\underline{r} = .90$. The test-retest reliability of individual items was also quite satisfactory (Hilgard, E.R., 1965b, p. 216).

E.R. Hilgard (1965b) proposed that the subjective reports of subjects and the higher percentage of items passed by subjects following inductions over the percentage of items passed in the waking state, indicated face validity that the Stanford Hypnotic

Susceptibility Scale does measure what has come to be acknowledged as hypnosis (p. 216 - 217). Other evidence for validity of the scale scores comes from their correlations with other hypnotic scales having very different content. Form A scores correlated $r = .72$ to Form C scores for the 203 subjects used in the standardization of Form C (Weitzenhoffer & Hilgard, 1962, p. 42). Despite the fact that Form A primarily contains items requesting some loss of motor control, and the Stanford Profile Scales of Hypnotic Susceptibility, Forms I and II contain no items that are clearly of the motor type, Form A correlated $r = .53$ with Form I and $r = .50$ with Form II, indicating a common factor throughout tests of hypnotic susceptibility (Weitzenhoffer & Hilgard, 1967, p. 79).

The Interpersonal Trust Scale

The Interpersonal Trust Scale is a brief pencil-and-paper test containing 25 trust items and 15 filler items intended to partially disguise the purpose of the test. It is presented in a Likert-format where 1 represents strong agreement and 5 represents strong disagreement. Twelve of the items indicate trust for agreeing and 13 items indicate trust for disagreeing.

The test was designed to sample the trust variable in a wide variety of social situations involving a number of different social agents, so that a subject would be called upon to express his trust

of parents, teachers, physicians, classmates, friends, etc. (Hochreich & Rotter, 1970; Rotter, 1967). The scale was constructed as an additive scale in which a high score would show trust for a great variety of social agents (Rotter, 1967).

Internal consistency based on split-half reliability, corrected by the Spearman-Brown formula was found to be: males, $\underline{r} = .77$; females, $\underline{r} = .75$; total, $\underline{r} = .76$ (Rotter, 1967). Because the scale was additive, sampling a variety of different social situations rather than a measure of intensity of a narrow range of behavior, Rotter considered these internal consistencies to be reasonably high. In the present study, the writer calculated split-half (odd-even) coefficients for males, females, and the total sample. With the Spearman-Brown correction, the coefficients were: males, $\underline{r} = .82$; females, $\underline{r} = .84$; total, $\underline{r} = .83$.

Test-retest reliabilities on a sample of 24 subjects retested at seven months and on another sample of 42 subjects retested at three months were .56 and .68 respectively ($p < .01$) (Rotter, 1967). The writer used the Interpersonal Trust Scale despite these low test-retest reliabilities due to the fact it was the most valid and reliable test that could be found to measure trust.

Rotter (1967) attempted to determine validity by a sociometric study of two fraternities and two sororities. Results indicated

significant positive correlations between the Interpersonal Trust Scale and sociometric trust, sociometric trustworthiness, and self-ratings of trust, and a negative correlation between the trust scale and dependency. No relationship was found between the Interpersonal Trust Scale and gullibility. Rotter interpreted the results as revealing good construct and discriminant validity for the Interpersonal Trust Scale as against observed behavior in groups who have had a long time to observe each other.

Hamsher, Geller and Rotter (1968) found significant correlations between subjects' Interpersonal Trust Scale scores and their trust or suspiciousness of the Warren Commission, thus supporting the scale's construct validity.

Definitions

Hypnosis

The numerous definitions of hypnosis by a variety of theorists have created some disagreement as to what is hypnosis. Some theorists (Weitzenhoffer, Shor, Hilgard) approach hypnosis as a unique behavior and construct theories to explain it, while others (Pavlov, Gill & Brenman, Sarbin) attempt to understand hypnosis in theoretical frameworks that have been used to explain other behavior as well (Sarbin & Coe, 1972).

In view of the variety of orientations on the subject of hypnosis,

hypnosis can best be defined as a special type of influence communication (Sarbin & Coe, 1972). It is generally accepted that the hypnotic "trance" has something to do with the relationship between the hypnotist and subject; that hypnosis involves a focusing of attention by the subject; and that the relationship between the hypnotist and subject is such that the hypnotist initiates what happens in the situation. When more specific statements than the above are made about hypnosis, debate and dissension arise (Haley, 1965, p. 269).

Hypnotic Susceptibility

Hypnotic susceptibility is the individual's capacity to respond to suggestion (Weitzenhoffer, 1957). It can be defined as the ability to become hypnotized, to have the experiences characteristic of the hypnotized person, and to exhibit the kinds of behavior associated with hypnosis (Hilgard, E.R., 1965b). For assessment purposes, hypnotic susceptibility has been defined as the depth of hypnosis achieved by the subject under standard conditions of induction (Hilgard, E.R., 1965b, p. 67).

The operational definition of hypnotic susceptibility for the purpose of this study was the composite score obtained by the subject on Form A of the Stanford Hypnotic Susceptibility Scale.

Trust

Trust is the generalized expectancy that the oral or written statements of another can be relied upon (Rotter, 1967). When viewed from a social learning theory, choice behavior in specific situations depends upon the expectancy that a given behavior will lead to a particular outcome or reinforcement in that situation and the preference value of that reinforcement for the individual in that situation (Rotter, 1967, p. 653).

The operational definition of trust for the purpose of this study was the composite score obtained by the subject on the Interpersonal Trust Scale.

Administration of the Scales

The scales were administered between February 19 and April 21, 1976 in the Counseling Centre at the University of Alberta, by five experimenters, including the author. The author tested 63 of the 80 subjects (78.75%).

Although no ill effects were expected, professional psychologists were available at all times and all of the experimenters had previously attended a minimum of one workshop in hypnosis and all experimenters had completed graduate level practicum courses in counseling.

The Stanford Hypnotic Susceptibility Scale, Form A was administered to each subject using the standardized procedures and

suggested physical arrangements as outlined in the manual (Weitzenhoffer & Hilgard, 1959). Each subject was then asked to complete the attitude questionnaire (Interpersonal Trust Scale) before leaving the testing session. Time was allotted for any questions or comments the subjects may have had about the experience. In order to guard against any possible misinterpretations, and to be alert to any ill effects attributed to the experience, subjects were advised how to contact the author if any questions arose about their hypnotic experience.

Hypotheses

Because previous studies have not pointed out any clear direction that could be expected in this study, all hypotheses have been stated in the null form. The hypotheses of this study are:

Hypothesis 1 -- There is no relationship between the scores obtained by subjects on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale.

Hypothesis 2 -- There is no relationship between the scores obtained by (a) males; (b) females; (c) graduates; and (d) undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale.

Hypothesis 3 -- There are no significant differences between the mean scores obtained for male graduates, female graduates,

male undergraduates, and female undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A.

Hypothesis 4 -- There are no significant differences between the mean scores obtained for male graduates, female graduates, male undergraduates, and female undergraduates on the Interpersonal Trust Scale.

Analysis of Data

Correlation coefficients for the Stanford Hypnotic Susceptibility Scale, Form A and the Interpersonal Trust Scale, using Pearson Product Moment Correlation, were calculated for the total sample, males, females, graduates, and undergraduates. T-tests were used to determine whether a relationship existed between the scores obtained on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale for each group (Hypotheses 1 and 2).

Two-way analyses of variance, using a .05 level of significance, were used to determine whether significant differences existed between the mean scores obtained by male graduates, female graduates, male undergraduates, and female undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A and on the Interpersonal Trust Scale (Hypotheses 3 and 4).

Limitations of the Study

1. A volunteer sample was used, making this study subject to the limitations of volunteer research (Deckert & West, 1963, p. 221; Rosenthal & Rosnow, 1975).

2. The use of more than one experimenter in administration of the scales may account for some individual differences in the administration of and the scoring of responses on the Stanford Hypnotic Susceptibility Scale, Form A. An attempt was made to control for this factor by the author instructing each experimenter on the use of the scales. All questionable responses were scored by the author.

3. The procedure for selection of subjects did not control for prior experience with, or exposure to hypnosis.

4. One limitation of the Stanford Hypnotic Susceptibility Scale, Form A is the lack of sufficient items of the "cognitive" type to produce correlations with pencil-and-paper tests of hypnotic-like experiences.

5. Reliabilities of the Interpersonal Trust Scale were low; however, it was the most valid and reliable scale that could be found to measure trust.

CHAPTER IV

RESULTS

The results are reported following the traditional format, which includes restatement of the hypotheses, the pertinent statistics, and the appropriate conclusions. The level of significance adopted to test the four hypotheses was $p < .05$.

The first two hypotheses were stated in the null form as follows:

Hypothesis 1 -- There is no relationship between the scores obtained by subjects on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale.

Hypothesis 2 -- There is no relationship between the scores obtained by (a) males; (b) females; (c) graduates; and (d) undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale.

Pearsonian correlation coefficients were calculated, and tests of significance using the distribution of *t* were applied. The results are reported in Table 1.

TABLE 1

CORRELATION COEFFICIENTS BETWEEN STANFORD HYPNOTIC SUSCEPTIBILITY SCALE, FORM A AND INTERPERSONAL TRUST SCALE

	Number of Cases	Degrees of Freedom	Correlation Coefficients	*t*-value
Total - all subjects	80	78	-.048	- .422
Males	40	38	-.048	- .295
Females	40	38	-.069	- .428
Graduates	40	38	.022	.134
Undergraduates	40	38	-.182	-1.144

Note. t (78) = 2.000, $p < .05$; t (38) = 2.021, $p < .05$.

The obtained values were not statistically significant at the .05 level. Therefore, neither of the two null hypotheses were rejected. It is interesting to note that the direction of the sign of the correlation coefficients did not remain constant; therefore, no trend was indicated in relating the two scales.

Conclusion -- In this study, a significant relationship between the scores obtained on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale was not found, either for the total sample or for any of the subsamples of male, female, graduate, or undergraduate students.

Hypothesis 3 -- There are no significant differences between the mean scores obtained for male graduates, female graduates, male undergraduates, and female undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A.

A summary of mean scores and standard deviations obtained for each group on the Stanford Hypnotic Susceptibility Scale, Form A is displayed in Table 2. The results from a two-way analysis of variance are reported in Table 3.

TABLE 2

MEAN SCORES AND STANDARD DEVIATIONS

STANFORD HYPNOTIC SUSCEPTIBILITY SCALE, FORM A

	Number of Cases	Mean Score	Standard Deviation
Total - all subjects	80	6.750	3.164
Males	40	7.175	3.081
Females	40	6.325	3.189
Graduates	40	7.025	3.413
Undergraduates	40	6.475	2.868

TABLE 3

TWO-WAY ANALYSIS OF VARIANCE

STANFORD HYPNOTIC SUSCEPTIBILITY SCALE, FORM A

Source of Variation	Sum of Squares	Degrees of Freedom	Variance Estimate	F-ratio
Graduate/ Undergraduate	6.049	1	6.049	.599
Male/Female	14.449	1	14.449	1.431
Interaction	12.799	1	12.799	1.267
Within Cells	767.701	76	10.101	
Total	800.998	79		

Note. F (1, 76) = 3.98, $p < .05$.

The obtained values were not significant at the .05 level; therefore, the null hypothesis was not rejected.

Conclusion -- In this study, a significant difference between the mean scores obtained for males, females, graduates, and undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A was not found.

Hypothesis 4 -- There are no significant differences between the mean scores obtained for male graduates, female graduates, male undergraduates, and female undergraduates on the Interpersonal Trust Scale.

A summary of mean scores and standard deviations obtained for each group on the Interpersonal Trust Scale is displayed in Table 4. The results from a two-way analysis of variance are reported in Table 5.

TABLE 4

MEAN SCORES AND STANDARD DEVIATIONS

INTERPERSONAL TRUST SCALE

	Number of Cases	Mean Score	Standard Deviation
Total - all subjects	80	77.250	11.088
Males	40	78.125	10.668
Females	40	76.375	11.425
Graduates	40	81.200	10.761
Undergraduates	40	73.300	9.943

TABLE 5

TWO-WAY ANALYSIS OF VARIANCE

INTERPERSONAL TRUST SCALE

Source of Variation	Sum of Squares	Degrees of Freedom	Variance Estimate	F-ratio
Graduate/ Undergraduate	1248.199	1	1248.199	11.135 *
Male/Female	61.249	1	61.249	.546
Interaction	6.049	1	6.049	.054
Within Cells	8519.750	76	112.101	
Total	9835.247	79		

Note. F (1, 76) = 3.98, $p < .05$; F (1, 76) = 7.01, $p < .01$.

* Significant at .05 level.

The value obtained for the interaction effect and for the male/female variable were not significant at the .05 level, but the F-ratio obtained for the graduate/undergraduate variable indicated a significant difference between the mean scores obtained by graduates and undergraduates on the Interpersonal Trust Scale. Therefore, the null hypothesis was rejected.

Conclusion -- In this study, a significant difference was found between the mean scores obtained by graduates and undergraduates on the Interpersonal Trust Scale. The mean scores obtained by males and females were not significantly different, nor was the interaction effect of the male/female and graduate/undergraduate variables significant.

In summary, a relationship was not found between the scores obtained on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale. There were no significant differences between the mean scores obtained for males, females, graduates, and undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A. On the Interpersonal Trust Scale there were no significant differences between the mean score obtained for males and females, but there was a significant difference between the mean scores obtained for graduates and undergraduates.

Post Hoc Findings

Stanford Hypnotic Susceptibility Scale, Form A

In a post hoc examination of the data, the results obtained on the Stanford Hypnotic Susceptibility Scale, Form A in the present study were compared with the revised norms published by E.R. Hilgard (1965b). A comparison of the percentages of cases at each general level is displayed in Table 6.

It was interesting to note that in the present sample, 45% of the cases were in the high and very high levels of hypnotic susceptibility, as compared to 30% of the sample used in the revised norms. Therefore, in the present sample, 15% more of the cases were highly hypnotizable than were the cases in the norming sample. Conversely, in the present sample, 19.5% less of the cases were in the low level of hypnotizability than were the cases in the norming sample. It therefore appeared that the scores obtained in the present study were different and somewhat higher than the scores obtained in the norming study.

A *t*-test was used to determine if there was a significant difference in the means of the two samples. Results are reported in Table 7.

TABLE 6

COMPARISON OF RESULTS TO REVISED NORMS

STANFORD HYPNOTIC SUSCEPTIBILITY SCALE, FORM A

General Level	Raw Scores	Number of Cases		Percentage of Cases		Percentage of Cases in Revised Norms	
Very High	12	8	9	10	11	4	11
	11	1		1		7	
High	10	6	27	8	34	5	19
	9	12		15		7	
	8	9		11		7	
Medium	7	8	26	10	33	9	28
	6	7		9		9	
	5	11		14		10	
Low	4	4	18	5	23	13	42
	3	5		6		10	
	2	2		3		9	
	1	6		8		6	
	0	1		1		4	
		80		101[a]		100	

Note. Comparative data obtained from Hilgard, E.R., 1965b, p. 215.

[a] Column totals more than 100% due to rounding of figures.

TABLE 7

T-TEST FOR SIGNIFICANCE BETWEEN MEANS

STANFORD HYPNOTIC SUSCEPTIBILITY SCALE, FORM A

Group Mean and Standard Deviation	Degrees of Freedom	t-value	Significance
Present Sample			
$\bar{X}$ = 6.750 S.D. = 3.164			
	611	2.95	$p < .01$ *
Norming Sample[a]			
$\bar{X}$ = 5.62 S.D. = 3.27			

[a] Data obtained from Hilgard, E.R., 1965b, p. 215.

* Significant at .05 level.

The value obtained was significant at the .05 level.

Conclusion -- The scores obtained on the Stanford Hypnotic Susceptibility Scale, Form A in this study were significantly higher than the scores obtained on the Stanford Hypnotic Susceptibility Scale by the sample used in the revised norms (Hilgard, E.R., 1965b).

Interpersonal Trust Scale

The results obtained on the Interpersonal Trust Scale by undergraduate students in the present study were compared to the results of the previous studies of Hochreich and Rotter (1970) and Leon (1974).

A summary of the mean scores and standard deviations of each sample is displayed in Table 8. Hochreich and Rotter (1970) and Leon (1974) found a gradual, consistent decrease in the trust scores of undergraduate students between 1964 and 1974. From scanning the mean scores obtained from each sample, it appeared that the results of the present sample did not follow this trend.

T-tests were used to determine if there were significant differences between the mean score of the present sample and the mean score of each of the samples used in the previous studies. Results are reported in Table 9.

TABLE 8

MEAN SCORES AND STANDARD DEVIATIONS

UNDERGRADUATES OF VARIOUS UNIVERSITIES

INTERPERSONAL TRUST SCALE

	Number of Cases	Mean Score	Standard Deviation
1976 - Present Study			
Males	20	74.460	9.069
Females	20	72.150	10.662
Combined	40	73.300	9.943
1974 - Rutgers University[a]			
Males and Females	36	64.57	9.40
1974 - Rutgers University[a]			
Males and Females	87	63.00	8.82
1969 - University of Connecticut[b]			
Males	522	66.54	9.19
Females	646	66.73	10.00
Combined	1168	66.64	9.69
1964 - University of Connecticut[b]			
Males	248	73.01	10.23
Females	299	71.91	9.95
Combined	547	72.41	10.90

[a] Data obtained from Leon, 1974.

[b] Data obtained from Hochreich and Rotter, 1970.

TABLE 9

T-TESTS COMPARING PRESENT SAMPLE MEANS WITH PRIOR STUDIES

INTERPERSONAL TRUST SCALE

	Degrees of Freedom	t-value	Significance
1974 - Rutgers University[a]	74	3.59	$p < .001$ *
1974 - Rutgers University[a]	125	5.63	$p < .001$ *
1969 - University of Connecticut[b]	1206	4.15	$p < .001$ *
1964 - University of Connecticut[b]	585	.54	n.s.

[a] Data obtained from Leon, 1974.

[b] Data obtained from Hochreich and Rotter, 1970.

* Significant at the .05 level.

The value obtained from comparing the mean score obtained by the present sample to the mean score obtained by the 1964 sample was not significant at the .05 level; however, the values obtained from comparing the mean score of the present sample to the mean scores of the 1969 sample and the two 1974 samples indicated significant differences at the .05 level.

Conclusion -- The mean score obtained on the Interpersonal Trust Scale by undergraduates in this study was not significantly different from the mean score obtained by undergraduates in the 1964 sample (Hochreich & Rotter, 1970). The mean score obtained by undergraduates in this study was significantly higher than the mean scores obtained by undergraduates in later studies, indicating that the results of this study did not follow the trend found by Hochreich and Rotter (1970) and Leon (1974) of gradual, consistent decreases in the trust scores of undergraduates over time.

In summary, in this study, the mean score obtained by students on the Stanford Hypnotic Susceptibility Scale, Form A was significantly higher than the mean score obtained by the sample used in the revised norms. On the Interpersonal Trust Scale, the mean score obtained by undergraduates was not significantly different from the mean score obtained by undergraduates in the 1964 sample, but was significantly higher than the mean scores obtained by undergraduates in later samples.

CHAPTER V

DISCUSSION

Hypotheses

The data supported the null hypotheses 1 and 2 that there was no relationship between the scores obtained on the Stanford Hypnotic Susceptibility Scale, Form A and the scores obtained on the Interpersonal Trust Scale, either for the total sample, or for any of the subsamples of males, females, graduates, or undergraduates. Correlation coefficients clustered around zero, with signs both in the positive and the negative directions, which indicated that a significant correlation was unlikely even if larger samples were used. These results are consistent with the research of Barber and Glass (1962) and E.R. Hilgard (1965b) who were unsuccessful in finding a relationship between trust and hypnotic susceptibility, and contradictory to the results of Roberts and Tellegen (1973) who found a significant correlation between self-ratings of trust and hypnotic susceptibility for females.

As noted in Chapter II, little success has been experienced in finding personality correlates of hypnotic susceptibility, with the possible exception of a relationship between an acquiescent tendency and hypnotizability. In examining the Trust Rating Scale used by Roberts and Tellegen (1973), it was noted that 27 of the 38

items (71%) were keyed in the "yes" direction, as compared to 12 of the 25 items (48%) on the Interpersonal Trust Scale being keyed in the yes direction. It is suggested that the positive correlation found by Roberts and Tellegen may, in part, be accounted for by an acquiescent tendency.

The present writer would suggest that, while interpersonal trust may be a factor influencing hypnotizability, a consistent one-to-one linear relationship will not be found. She would accept the position of Josephine Hilgard (1970) that distrust of other people is likely to be a poor sign for hypnotizability, although multiple and perhaps alternate pathways are available into hypnosis.

It was stated in Hypothesis 3 that there would be no significant differences between the mean scores obtained for male graduates, female graduates, male undergraduates, and female undergraduates on the Stanford Hypnotic Susceptibility Scale, Form A. The data supported the null hypothesis. The results supported the recent research (Deckert & West, 1963; Hilgard, E.R., 1965b, 1967) that males and females are equally susceptible to hypnosis. Hypnotizability was not found to be universal, but it would appear that the capacity to respond to suggestion was equally distributed among the subsamples of this study.

It was stated in Hypothesis 4 that there would be no significant

differences between the mean scores obtained for male graduates, female graduates, male undergraduates, and female undergraduates on the Interpersonal Trust Scale. The null hypothesis was supported for the male/female variable. However, the results obtained indicated a significant difference between the mean scores obtained by graduates and undergraduates, with the scores obtained by graduates being significantly higher than the scores obtained by undergraduates. The results were consistent with the findings of Leon (1974) that interpersonal trust is an attitude which tends to change as students go through college. Leon related the changes found in trust scores to grade point averages, and found increased trust associated with higher grade point averages for his control sample. In this study, there was no way to determine if a relationship existed between trust scores and grade point averages; however, it is suggested that students who go on to graduate studies are among those who have obtained higher grade point averages.

Limitation in Interpretation of Results

In the present study subjects were obtained from Educational Psychology classes. No data were obtained regarding the major areas of studies for the undergraduate students; however, the majority of the graduate subjects were counseling majors. The possibility exists that students who major in counseling may be

more trusting than the average student, and the higher scores obtained by graduates may be a result of a specialized sample, and not generalizable to graduates in all faculties.

Post Hoc Findings

The mean scores obtained on the Stanford Hypnotic Susceptibility Scale, Form A by subjects in this study were significantly higher than the mean scores obtained by the sample used in the revised norms (Hilgard, E.R., 1965b). However, Hilgard has indicated that the norms are based on a student population in a single university, and that most other laboratories have reported mean scores somewhat higher (p. 215-216). In view of the facts that a volunteer sample was used, and that other laboratories have reported mean scores higher than the revised norms, the mean scores obtained in the present study appeared to be in line with other research using this scale.

In comparing the mean scores obtained on the Interpersonal Trust Scale by undergraduates in this study to the mean scores obtained by undergraduates in the previous studies of Hochreich and Rotter (1970) and Leon (1974), it was found that the results obtained in this study compared to the results obtained by Hochreich and Rotter in their 1964 sample, but present scores were significantly higher than scores obtained in later studies. The results of this

study did not follow the trend found by Hochreich and Rotter and by Leon of gradual, consistent decreases over time in the trust scores of undergraduate students. Decreases in trust scores of previous studies were found largely in items pertaining to national politics, ability to keep pace with the world, and trustworthiness of the communication media (Hochreich and Rotter, 1970). The previous studies were conducted in American universities, whereas the present study was conducted at a Canadian university. Results of the present study indicated the possibility that the decrease of trust in institutions found in college undergraduates may be an American phenomenon, not applicable to Canadian studies.

The alternate possibility that the higher trust scores in the present sample were due to the use of a volunteer sample was not considered because results obtained by Leon's control sample in 1974, which also consisted of volunteer subjects, followed the trend showing a decrease of trust scores.

Implications for Future Research

The data obtained in this study indicated that there was no significant relationship between the Stanford Hypnotic Susceptibility Scale, Form A and the Interpersonal Trust Scale. However, results of a factor analysis of the Interpersonal Trust Scale computed by Kaplan (1973) indicated three major components in the trust scale.

Future research could be directed toward determining if any of the individual components of the trust dimension (e.g. perceived sincerity of others) can be correlated with hypnotic susceptibility.

Along the same lines, the Stanford Profile Scales of Hypnotic Susceptibility, Forms I and II, provide profiles which would allow the researcher to examine hypnotic responsiveness in more detail. It has not yet been determined if the individual components of hypnotic susceptibility are differentially correlated with trust.

While test-retest reliabilities of the Stanford Hypnotic Susceptibility Scale, Form A have shown hypnotic susceptibility to be a stable and reliable trait (Hilgard, E.R., 1965b), test-retest reliabilities of the trust scale are fairly low. Research is needed to determine if trust is a stable and reliable trait, and/or to develop a reliable instrument for measuring trust.

Results of this study indicated a significant difference between the trust scores obtained by graduates and undergraduates; however, the graduate sample consisted primarily of students majoring in counseling. It would be interesting to determine if the results are generalizable to graduate students in all faculties.

The scores obtained on the trust scale by undergraduate students did not follow the trend of decreases in trust scores as found in studies conducted in the United States (Hochreich and

Rotter, 1970; Leon, 1974), indicating the possibility of a difference between American and Canadian students. It is suggested that future research is needed to establish Canadian norms on the trust dimension.

The majority of studies on both hypnotic susceptibility and trust have used college students as subjects. Research using samples from other populations is required to determine the generalizability of the results.

On the basis of previous research (Chapter II) and the results of the present study, it is suggested that a consistent relationship will not be found between trust and hypnotic susceptibility. It would appear that hypnosis consists of a set of processes in a fluid, dynamic relationship between the hypnotist and the subject, and the present writer would recommend that it would be more fruitful for future researchers to look into the actual hypnotic processes rather than to look for correlates of hypnotizability.

Summary

In summary, the results of this study did not indicate any significant relationship between the Stanford Hypnotic Susceptibility Scale, Form A and the Interpersonal Trust Scale. Analysis of the mean scores obtained on the Stanford Hypnotic Susceptibility Scale, Form A indicated that the capacity to be hypnotized was equally

distributed among the subsamples of male graduates, female graduates, male undergraduates, and female undergraduates. On the Interpersonal Trust Scale, there was no significant differences between the mean scores obtained by males and females. However, the mean score of graduates was significantly higher than the mean score of undergraduates, which supported research that interpersonal trust is an attitude which changes as students go through college. Results of this study were not consistent with previous research which indicated a gradual, consistent decrease over time in the trust scores of undergraduate students. The present writer attributed the difference to a Canadian sample being compared to American samples, and suggested that future research was needed to establish Canadian norms on the trust dimension. It was recommended by the writer that it would be more fruitful for future researchers to look at the actual processes of hypnosis rather than to look at correlations.

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APPENDIX A

INTERPERSONAL TRUST SCALE

PERSONAL DATA SHEET

Date: _____

Name: _____

Address: _____

Sex: _____

Age: _____

Year of Studies: _____ Graduate _____ Undergraduate

@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@

Thank you for your cooperation in participating in this study. If you have questions or if you wish an abstract of the results when the study is completed (expected completion date - June or July 1976), please leave a note in my mailbox in the Education Psychology Office on the 6th Floor of Education II.

Noreen Paananen

GENERAL OPINION SURVEY

This is a questionnaire to determine the attitudes and beliefs of different people on a variety of statements. Please answer statements by giving as true a picture of your own beliefs as possible. Be sure to read each item carefully and show your beliefs by marking the appropriate number on your answer sheet.

If you strongly agree with an item, fill in the space numbered one. Mark the space numbered two if you mildly agree with the item. That is, mark number two if you think the item is generally more true than untrue according to your beliefs. Fill in the space numbered three if you feel the item is about equally true as untrue. Fill in the space numbered four if you mildly disagree with the item. That is, mark number four if you feel the item is more untrue than true. If you strongly disagree with an item, fill in the space numbered five.

1. Strongly agree
2. Mildly agree
3. Agree and disagree equally
4. Mildly disagree
5. Strongly disagree

Please be sure to fill in the spaces completely and to erase completely any marks to be changed. Make no extra marks on the answer sheet.

1. Strongly agree 2. Mildly agree 3. Agree & disagree equally

4. Mildly disagree 5. Strongly disagree

____ 1. Most people would rather live in a climate that is mild all year around than in one in which winters are cold.

____ 2. Hypocrisy is on the increase in our society.

____ 3. In dealing with strangers one is better off to be cautious until they have provided evidence that they are trustworthy.

____ 4. This country has a dark future unless we can attract better people into politics.

____ 5. Fear of social disgrace or punishment rather than conscience prevents most people from breaking the law.

____ 6. Parents usually can be relied upon to keep their promises.

____ 7. The advice of elders is often poor because the older person doesn't recognize how times have changed.

____ 8. Using the Honor System of <u>not</u> having a teacher present during exams would probably result in increased cheating.

____ 9. The United Nations will never be an effective force in keeping world peace.

____ 10. Parents and teachers are likely to say what they believe themselves and not just what they think is good for the child to hear.

____ 11. Most people can be counted on to do what they say they will do.

____ 12. As evidenced by recent books and movies morality seems on the downgrade in this country.

1. Strongly agree 2. Mildly agree 3. Agree & disagree equally

4. Mildly disagree 5. Strongly disagree

____ 13. The judiciary is a place where we can all get unbiased treatment.

____ 14. It is safe to believe that in spite of what people say, most people are primarily interested in their own welfare.

____ 15. The future seems very promising.

____ 16. Most people would be horrified if they knew how much news the public hears and sees is distorted.

____ 17. Seeking advice from several people is more likely to confuse than it is to help one.

____ 18. Most elected public officials are really sincere in their campaign promises.

____ 19. There is no simple way of deciding who is telling the truth.

____ 20. This country has progressed to the point where we can reduce the amount of competitiveness encouraged by schools and parents.

____ 21. Even though we have reports in newspapers, radio and television, it is hard to get objective accounts of public events.

____ 22. It is more important that people achieve happiness than that they achieve greatness.

____ 23. Most experts can be relied upon to tell the truth about the limits of their knowledge.

____ 24. Most parents can be relied upon to carry out their threats of punishment.

____ 25. One should not attack the political beliefs of other people.

1. Strongly agree 2. Mildly agree 3. Agree & disagree equally

4. Mildly disagree 5. Strongly disagree

____ 26. In these competitive times one has to be alert or someone is likely to take advantage of you.

____ 27. Children need to be given more guidance by teachers and parents than they now typically get.

____ 28. Most rumors usually have a strong element of truth.

____ 29. Many major national sport contents are fixed in one way or another.

____ 30. A good leader molds the opinions of the group he is leading rather than merely following the wishes of the majority.

____ 31. Most idealists are sincere and usually practice what they preach.

____ 32. Most salesmen are honest in describing their products.

____ 33. Education in this country is not really preparing young men and women to deal with the problems of the future.

____ 34. Most students in school would not cheat even if they were sure of getting away with it.

____ 35. The hordes of students now going to college are going to find it more difficult to find good jobs when they graduate than did the college graduates of the past.

____ 36. Most repairmen will not overcharge even if they think you are ignorant of their specialty.

____ 37. A large share of accident claims filed against insurance companies are phony.

____ 38. One should not attack the religious beliefs of other people.

1. Strongly agree 2. Mildly agree 3. Agree & disagree equally

4. Mildly disagree 5. Strongly disagree

____ 39. Most people answer public opinion polls honestly.

____ 40. If we really knew what was going on in international politics, the public would have more reason to be frightened than they now seem to be.

Note: Filler items--Nos. 1, 7, 10, 12, 17, 19, 20, 21, 25, 27, 28, 30, 33, 35, 38.

Reverse items--Nos. 6, 11, 13, 15, 18, 23, 24, 31, 32, 34, 36, 39.

APPENDIX B

SCORES OBTAINED BY ALL SUBJECTS

ON

STANFORD HYPNOTIC SUSCEPTIBILITY SCALE, FORM A

AND

INTERPERSONAL TRUST SCALE

SCORES OBTAINED BY ALL SUBJECTS ON STANFORD HYPNOTIC SUSCEPTIBILITY SCALE, FORM A AND INTERPERSONAL TRUST SCALE

Subject	Graduate Undergraduate	Sex	Hypnotic Susceptibility Scores	Interpersonal Trust Scores
1	G	M	12	80
2	G	M	9	82
3	UG	M	9	76
4	G	M	2	77
5	G	F	8	66
6	G	F	5	81
7	UG	F	1	87
8	UG	F	8	69
9	G	F	12	78
10	G	M	12	110
11	G	F	9	87
12	G	F	9	79
13	UG	F	5	59
14	UG	F	9	59
15	G	M	6	88
16	UG	F	8	75
17	G	F	5	75

Subject	Graduate Undergraduate	Sex	Hypnotic Susceptibility Scores	Interpersonal Trust Scores
18	G	F	1	98
19	G	F	9	76
20	UG	M	1	76
21	UG	M	5	93
22	G	F	8	76
23	UG	F	6	70
24	UG	M	12	75
25	UG	F	1	103
26	UG	F	1	66
27	G	M	5	104
28	G	F	6	80
29	G	M	12	68
30	UG	F	7	76
31	UG	F	0	70
32	UG	M	12	66
33	UG	M	3	70
34	G	M	5	82
35	UG	M	7	72
36	G	M	10	80
37	UG	F	3	67

Subject	Graduate Undergraduate	Sex	Hypnotic Susceptibility Scores	Interpersonal Trust Scores
38	UG	F	7	74
39	G	F	6	75
40	UG	F	1	61
41	UG	M	3	77
42	UG	F	9	57
43	UG	F	12	73
44	UG	F	5	73
45	G	M	6	74
46	G	M	9	88
47	G	F	9	88
48	G	F	5	75
49	G	F	3	99
50	G	M	8	74
51	G	M	4	73
52	UG	M	10	56
53	G	M	7	96
54	G	M	9	72
55	UG	M	3	76
56	G	F	8	63
57	UG	M	8	63

Subject	Graduate Undergraduate	Sex	Hypnotic Susceptibility Scores	Interpersonal Trust Scores
58	G	M	5	67
59	UG	M	9	67
60	G	M	2	81
61	UG	M	6	70
62	G	M	7	84
63	G	F	8	64
64	G	F	12	100
65	UG	M	8	60
66	UG	M	7	86
67	G	M	7	82
68	UG	F	7	86
69	G	F	4	77
70	UG	F	6	69
71	UG	F	10	80
72	UG	F	10	69
73	G	M	4	74
74	UG	M	10	75
75	UG	M	11	79
76	UG	M	10	82
77	UG	M	4	85

Subject	Graduate Undergraduate	Sex	Hypnotic Susceptibility Scores	Interpersonal Trust Scores
78	UG	M	8	85
79	G	F	8	94
80	G	F	5	81